



APPLICATION FOR CRIMINAL HISTORY BACKGROUND CHECK

State Form 53259 (9-07) / CW 3610
DEPARTMENT OF CHILD SERVICES

- INSTRUCTIONS:**
- Sections 1 and 2 to be completed by the Department of Child Services (DCS) family case manager or residential facility, licensed child placing agency (LCPA) personnel, or employer.
 - Sections 3 through 5 to be completed by the subject of the background check.
 - All fields are mandatory and must be completed.**

SECTION 1				
County or agency		Date (month, day, year)		
Name of DCS employee / agency staff member / employer completing this form		Title (if applicable)	Work telephone number ()	
Address (number and street, city, state, and ZIP code)				
SECTION 2 - REASON FINGERPRINTED (check appropriate box)				
1. DCS foster family home applicant for related placements: <input type="checkbox"/> a. Emergency placement, IC 10-13-3-27.5 (name-based check completed) <input type="checkbox"/> 2. Foster family home licensing, IC 31-27-4-5 <input type="checkbox"/> b. Non-emergency placement, IC 31-34-4-2 <input type="checkbox"/> 3. Adoption, IC 31-19-2-7.5 <input type="checkbox"/> 4. DCS contractor, IC 10-13-3-38.5				
Case name / ICWIS number		ICWIS resource identification number		
5. Employment <input type="checkbox"/> Group home, IC 31-27-5-4 <input type="checkbox"/> Residential facility, IC 31-27-3-3 <input type="checkbox"/> LCPA, IC 31-27-6-2 <input type="checkbox"/> Contractor, IC 31-27-3-3 <input type="checkbox"/> Volunteer / Intern, IC 31-27-3-3				
6. Residential facility or agency licensing for provider / agency application <input type="checkbox"/> Residential facility application, IC 31-27-3-3 <input type="checkbox"/> Group home, IC 31-37-5-4 <input type="checkbox"/> LCPA licensing application, IC 31-27-6-2				
SECTION 3 - SUBJECT OF THE BACKGROUND CHECK				
Full legal name				
Previous names (maiden, alias, etc.)				
Date of birth (month, day, year)	Social security number	Gender	Race	
Current address (number and street, city, state, and ZIP code)				
Home telephone number ()	Cellular telephone number ()	E-mail address		
List all counties / states resided in for past five (5) years ----- ----- -----				
Have you been convicted of an adult crime? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please describe below. ----- -----				
SECTION 4 - ALL OTHER HOUSEHOLD MEMBERS (excluding children who are under DCS supervision) List any additional household members on a separate page. DO NOT COMPLETE THIS SECTION IF THE BACKGROUND CHECK IS FOR EMPLOYMENT PURPOSES.				
FULL NAME	DATE OF BIRTH (month, day, year)	AGE **	SOCIAL SECURITY NUMBER	
** If child is eighteen (18) years of age or older, complete a separate application. All persons in this age range must be fingerprinted.				
SECTION 5 - TO BE SIGNED BY THE SUBJECT OF THE BACKGROUND CHECK				
I have provided the information on this form for the purposes of a criminal history and background check. My signature authorizes the necessary checks to be conducted on behalf of myself and all children under the age of eighteen (18) years listed above.				
Signature		Printed name	Date of application (month, day, year)	
DCS CO BCU USE ONLY				
Initials	Reason / Code	Date received (month, day, year)	Date entered (month, day, year)	Date sent to ISP (month, day, year)
Type of payment <input type="checkbox"/> Check <input type="checkbox"/> Money order	Amount of payment	Name of bank	Name of person writing check	
Date printed (month, day, year)		Date status letter sent to agency (month, day, year)	Date ISP information entered (month, day, year)	
State any exceptions				

I understand that the Department of Child Services (DCS) is required to conduct a background check on the following:

1. Residents of homes in which children are placed who are under the supervision of DCS.
2. Foster Care applicants.
 - a. All persons age fourteen (14) and older who reside in the prospective foster home.
 - b. All persons age fourteen (14) and older who work or volunteer in a foster home and have or will have direct contact, on a regular and continuing basis, with foster children.
3. Adoption petitioners.
 - a. All persons age fourteen (14) and older who reside in a prospective adoptive household.
 - b. All persons age fourteen (14) and older who work or volunteer in a prospective adoptive household and have or will have direct contact, on a regular and continuing basis, with foster and pre-adoptive children.
4. For all residential facilities and licensed agencies:
 - a. Each applicant for a license.
 - b. Each director or manager of the DCS-licensed facility where children are placed.
 - c. Administrators and directors of facilities where children will be placed.
 - d. Employees and volunteers who will have direct contact, on a regular and continuing basis, with children supervised by the applicant or facility.
5. Employees and volunteers of all DCS contractors who will have direct contact, on a regular and continuing basis, with children who are under the supervision of DCS.

I am providing information about myself and, if applicable, any children under age eighteen (18) living in my home, for the purpose of a background check. I understand that this information will be used only for this purpose and will not be disclosed to anyone except as necessary to complete these procedures. The checks will include the following:

1. Limited criminal history data maintained in the records of the Indiana State Police for children age fourteen (14) through seventeen (17).
2. Juvenile history data maintained in the records of the Indiana State Police that has not been sealed under Indiana law for children age fourteen (14) and older.
3. A national fingerprint-based criminal history background check through the FBI and a fingerprint-based state criminal history check, which includes juvenile history data, for all persons age eighteen (18) and older.
4. A check of child protection services records maintained by DCS, any local office, or any agency in another jurisdiction where I have resided, regarding any substantiated finding of child abuse or neglect for all persons, regardless of age.
5. A check of the sex and violent offender registry for Indiana or any other state for persons age fourteen (14) and older.
6. A check of local law enforcement agency and sheriff records.

I understand that I and, if applicable, everyone aged eighteen (18) and older living or working / volunteering in my home, must be fingerprinted at an Indiana State Police post, local law enforcement office(s) or DCS fingerprint contractor.

I also understand that I must present valid identification and complete all required information on the fingerprint card. Once completed, I must return all fingerprint cards to the DCS office / LCPA located at:

Furthermore, I understand that if these checks are related to an adoption finalization for children who are already placed in my home and the check reveals disqualifying history, the local DCS office may remove the children from my home.

I understand that if any of the checks conducted by DCS reveal an inaccurate record, the record may be challenged. A Review Challenge of inaccurate information must be made to the State and/or agency that posted the record. To refute inaccurate Indiana criminal history records or information, please request a Review Challenge from the Indiana State Police.

Signature	Date (month, day, year)